

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Cornell Long</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Sidney Williams 301 South Ripley Street Building D Montgomery, AL 36130</p> <p><i>07cv984 C4OP</i></p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>12/7/07</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 1490 0000 0026 7029</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p>Robert Longshore 301 South Ripley Street Building D Montgomery, AL 36130</p> <p><i>07cv984 C4OP</i></p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>12/7/07</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 1490 0000 0026 7043</p>			
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<p>1. Article Addressed to:</p> <p>Valinda Weatherly  301 South Ripley Street  Building D  Montgomery, AL 36130</p> <p><i>07cv984 C &amp; OP</i></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <i>12/7/07</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label) <i>7007 1490 0000 0026 7050</i></p>			
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<p>1. Article Addressed to:</p> <p>General Counsel  Alabama Board of Pardons &amp; Paroles  PO Box 302405  Montgomery, AL 36130</p> <p><i>07cv984 C &amp; OP</i></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <i>12/7/07</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label) <i>7007 1490 0000 0026 7036</i></p>			
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